



# Campbell River Comets

Track & Field Club

1436 Leed Rd., Campbell River, B.C. Canada V9W 5M8  
web: [www.crcomets.org](http://www.crcomets.org) fax: (250) 923-4717

## Athlete Disclosure and Waiver Form

(Please and sign form and hand in with registration)

Athlete's Name: *(Print)*

\_\_\_\_\_

First

\_\_\_\_\_

Init.

\_\_\_\_\_

Last

### **BC Amateur Athletics Association: Sport Safety / Acknowledgement of Risk and Disclosure**

*(This statement is part of the application for membership)*

The Campbell River Comets Track & Field Association and its executive members are registered members of the BC Athletics Association. The completion of this form acknowledges that the above athlete must also be current members of the BC Athletics Association, or must complete the BC Athletics membership form at time of registration.

Membership with the BC Athletics provides insurance while training with, and or competing with the Campbell River Comets Track Club in the event of accident or injury. It is also understood that all must share the responsibility for sport safety, and that each athlete adheres to all safety precautions as outlined by his or her coach during training sessions and at all competitive meets.

By completing and signing this form, and the BC Athletics Membership form, you consent to the collection of the information and its use as per the BC Athletics Privacy Statement and Policy. The athlete's name along with meet results and / or photographs will be used publicly as a part of results tabulation or on the CR Comets website.

*(For more information or to limit the release of information contact the BC Athletics Privacy Officer, Sam Collier at [sam.collier@bcathletics.org](mailto:sam.collier@bcathletics.org))*

I, the undersigned, am aware that there is a certain risk of injury involved in my own or my child's participation in sport, either while travelling to or from the event; or while attending or participating in the programs or activities of the events which are sanctioned/approved by BC Athletics, its Divisions, its Member Clubs or recognized organizing societies. It is understood by me that the signing of this document is intended to indicate that on behalf of myself and/or my child I assume the shared responsibility and acknowledge the risk of injury by so participating.

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Athlete Signature*

\_\_\_\_\_

*Parent or Guardian Signature  
(if athlete is under 19 yrs)*